BOAT OPERATOR INCIDENT REPORT

Form 4100-20 (Rev. 11/04)

NOTICE: Operators of all boats are REQUIRED BY SECTION 30.67, Wis Stats.:

- To give notice of a boating incident as soon as possible to a conservation warden of local enforcement officer
 whenever an incident results in loss of life, injury, boat or property damage in excess of \$2,000, or complete loss
 of a boat; and
- 2. To submit a written report within 10 days to the department of Natural Resources.

SEND COMPLETED REPORT TO:

Wisconsin Department of Natural Resources Boating Section – LE-5 Box 7921 Madison, WI 53707-7921

Pursuant to Section 30.67(4), Wis Stats., this report may not be used as evidence in any trial.

INSTRUCTIONS: Complete pages 2, 3 and 4. Listed below are explanations for some of the questions on this form.

Water Conditions: Calm (Waves < 6") Water smooth with little wave action.

Choppy (6"-2') Small wave action occurring. Rough (2'-6') White caps are becoming visible.

Very Rough (> 6') White caps are becoming prevalent with strong wave action.

Strong Current Large and active wave action.

Wind Conditions: Light (0-6 mph) No wind to rustle leaves.

Moderate (7 – 14 mph)

Strong (15 – 25 mph)

Enough wind to move small branches.

Enough wind to move large branches.

Storm (over 25 mph)

Difficult to walk against the wind.

Operator Experience: Estimate the total hours of experience you have operating a boat.

MFG Hull ID Number: Hull identification number found on the starboard (right) side of the transom (back of the boat) and

is at least a 12 digit number. An example would be ABC456781272.

Boat Number: Boat registration number or, in the case of a federally documented vessel, the document number. An

example of a Wisconsin boat registration is WS 1234 BD.

Expiration Date: The date the registration (the decal) expires.

Type of Boat: Auxiliary Sail A sailboat equipped with a motor.

Sail (only)

A sailboat or sailboard with no motor.

Rowboat

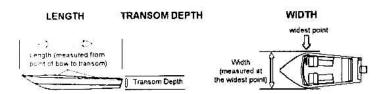
A small boat propelled by oars.

Personal Watercraft A motorboat that uses an inboard motor powering a water jet

pump or caged propeller as its primary source of motive power and that is designed to be operated by a person standing on, kneeling on or sitting astride the watercraft.

(e.g. jet ski, wave runner, etc.)

Construction:



Be sure to sign the last page of this form.

The Department of Natural resources thanks you for completing and mailing this form. Personally identifiable information on this form is not intended to be used for any other purpose.

C.G. Number F. Warden W. Super RSW

BOAT OPERATOR INCIDENT REPORT

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In completing this report, <u>DO NOT</u> fill in the shaded areas; these will be completed by the Department of Natural Resources.										
INCIDENT INFORMATION										
Number of Boats in Incident: Complete Loss of Vessel?										
Property Damage (Estimated)										
									v: \$	
This Boat: \$ Date of Incident	Day of Week		of Day		\$ Other F e of Body of Water Location				у. Ф	
	2 4, 5. 11661.	_	_		, .	200, 0				
Nagreet City or Town		☐ am	n 🗌 pm	Cour					oto	
Nearest City or Town				Coun	unty			State WI		

				WEA	TH	IER				
Weather (Check all applicable) Clear Rain Fog Snow Hazy	Water Conditions ☐ Calm (Waves - ☐ Choppy (6"-2') ☐ Rough (2'-6') ☐ Very Rough (> ☐ Strong Current	< 6") 6')			Wind None Light (0-6 MPH) Moderate (7-14 MPH) Strong (15-25 MPH) Storm (Over 25 MPH)					
Check all applicable. If more	PE OF INCIDE		n order of the	ir	CONTRIBUTING FACTORS Check all applicable. If more than one, number choices in order of importance.					
occurrence Grounding Capsizing Flooding/Swamping Sinking Fire or Explosion (Fuel) Skier Mishap Collision with Floating Ob Fall Overboard Fall in Boat Struck by Boat Struck by Motor/Propeller Struck Submerged Objec Hit and Run Other (specify)		ller	□ Weather □ Excessive Speed □ Improper Lookout □ Restricted Vision □ Overloading □ Improper Loading □ Hazardous Waters □ Alcohol Use □ Drug Use □ Failure to Vent □ Improper Anchoring □ Sharp Turn □ Standing/ Sitting on Bow □ Gunwales, Transom		Careless/ Reckless Operation Hull Failure Machinery Failure Equipment Failure Operator Inexperience Operator Inattention Congested Waters Passenger/ Skier Behavior Dam/Lock Lack of or Improper Boat Lights Rules of the Road Infraction Ignition of Spilled Fuel or Vapor Starting in Gear Other (specify)					
OPERATOR & OWNER INFORMATION										
Operator's Name Owner's Name (if different from Operator)										
Address					Address					
City, State, Zip Telephone Number				ber	City, State, Zip Telephone Number				Telephone Number	
Date of Birth Sex ☐ Male ☐ Female ☐ Under 100 Hours ☐ More than 100 Hours				s	Instruction Received in Boating Safety ☐ State Course ☐ U.S. Power Squadron ☐ USCG Auxiliary ☐ American Red Cross					

BOAT INFORMATION									
Boat Rented ☐ Unknown ☐ Yes ☐ No	Number of Persons on Board	-	Number of Persor Being Towed		Boat Manufacturer		Mfg. Hull ID Number		
Boat Number	Expiration Date	Date Boat Na		ame Mo		Boat	Boat Locatio	n after Incident	
Type of Boat ☐ Open Motorboat	Hull Material Engine Wood Dutboar			Water Jet Air Thrust We (I/O) Manual Sail Fuel Gasoline Diesel Electric		Personal Flotation Devices (PFDs): Was boat adequately equipped with			
Cabin Motorboat Auxiliary Sail Sail (only) Rowboat Canoe/Kayak	☐ Aluminum ☐ Steel ☐ Fiberglass ☐ Rubber/Vinyl /Canvas	Sterndri Vinyl Airboat Number of Engines					Coast Guard approved PFDs? Yes Were PFDs accessible? Yes		
Personal Watercraft Pontoon Houseboat Other (specify)	☐ Rigid Hull Inflatable					Fire extinguishers on board? Yes No Were the Extinguishers Used? Yes No			
Construction: Length:	Wic	lth:		Transom Depth:			Year Built:		
Capacity Plate Information:	Lbs.		Numbe				Horsepow		
Operation at Time of Incid Cruising Changing Speed Changing Direction Drifting Towing Another Boat Being Towed Rowing/Paddling	ent (check all appli Sailing Launching Docking/ Undoc At Anchor Tied to Dock/ Mo	king	☐ Fish ☐ Hun ☐ Tou ☐ Swi ☐ Mak ☐ Wat	Activity at Time of Inc Fishing Hunting Tournament Swimming/ Diving Making Repairs Water Skiing/ Tubing Racing			ident (check all applicable) Whitewater Sports Fueling Starting Engine Commercial Activity Other		
Estimated Speed ☐ None ☐ Under 10 MPH ☐ 10-20 MPH ☐ 21-40 MPH ☐ Over 40 MPI							Over 40 MPH		
ALL FATALITIES									
Victim from: ☐ This boat ☐ other boat Name:			other boa	at 🗌	no boat	Victim f ☐ This Name:		er boat no boat	
Address:	Addre	ess:				Addres	s:		
City, State, Zip:	City,	City, State, Zip:					City, State, Zip:		
Telephone Number:	Telep	Telephone Number:				Telephone Number:			
Date of Birth:	Male Date	of Birth:] Male	Э	Date of	Birth:	☐ Male	
Age:	Female Age:			☐ Fer	male	Age:		☐ Female	
☐ Hypot	ning ct/Trauma chermia	n Caused	Dro Imp Hy	pother) rauma mia] Unknown] Drowning] Impact/Trauma] Hypothermia	
Was the Victim: Prop. In Operator No Swimmer Waterskier	O P1 SN	the Victim perator assenger vimmer aterskier	\ 	es/es	ι?	☐ Ope ☐ Pas: ☐ Swir ☐ Wat	rator senger nmer erskier	Prop. Injury? □ No □ Yes	
Victim's Swimming Ability: Unknown Swimmer Non-swimmer	□ Ui □ S\ □ No	nknown vimmer on-swimm				Unk Swir	s Swimming Al nown mmer -swimmer		
Was a PFD Worn? Yes	□ No Was Type:	a PFD Wo	orn? 🗌 Y	'es	□ No	Was a Type:	PFD Worn?	☐ Yes ☐ No	

INJURED PERSONS										
Victim from: ☐ This boat ☐ other boat ☐ n Name:	Victim from: ☐ This boat ☐ other boat ☐ no boat Name:					Victim from: ☐ This boat ☐ other boat ☐ no boundarie:				
Address:	Address:			Address:						
City, State, Zip:		City, State			City, State, Zip:					
Telephone Number:		Telephon	er:		Telephone Number:					
Date of Birth: Age:		Date of B	rth:	Age:		Date of Birth: Age:				
Sex: Male Female		Sex: 🗌 N	/lale	☐ Femal	е	Sex: Male Female				
Nature of Injury:		Nature of			Nature of Inju	-				
Received Medical Treatment	Yes	Received Medical Treatment								
Beyond First-Aid? (Treatment by Physician?)	☐ No	Beyond First-Aid? No Beyond First- (Treatment by Physician?) (Treat							? □ No nt by Physician?)	
Admitted to Hospital?	<u> </u>				oiaii.)		Admitted to F			
Yes No Unknown		Admitted to Hospital? ☐ Yes ☐ No ☐ Unknown Admitted to H ☐ Yes ☐ No								
Was the Victim ?		Was the \						Was the Victim?		
☐ Operator ☐ Passenger ☐ Swimmer ☐ Waterskier/B	oarder	☐ Operator ☐ Passenger ☐ Operator ☐ Swimmer ☐ Waterskier/Boarder ☐ Swimm							☐ Passenger☐ Waterskier/Boarder	
Was a Prop Injury ? ☐ Yes ☐ N	JO.	Was a Pr	n Iniur	y? □Yes	s □ N	lo.	 Was a Prop Injury ? □ Yes □ No			
Was a PFD Worn?	1 0	Was a PF			з <u> </u> п	•0	Was a PFD Worn ?			
☐ Yes, Type ☐ No		☐ Yes, Ty	ре	□ No			☐ Yes, Type ☐ No			
Type of Injury				e of Injury			Type of Injury			
(If more than one, number the cho in order of severity.)	oices	(If more	ne, number t		(If more than one, number the choices in order of severity.)					
☐ Amputation ☐ Hypoth								Amputation		
· =	l Injuries	☐ Back Injury ☐ Internal Injuries ☐ Back Inju							Internal Injuries (s) Laceration	
Burns		☐ Burns ☐ Neck Injury ☐ Burns							Neck Injury	
Contusion Shock	Strain	Contusion Shock Contusi							Shock	
□ Broken Bone(s) □ Laceration □ Broken Bone(s) □ Laceration □ Broken Bone(s) □ Laceration □ Burns □ Neck Injury □ Burns □ Neck Injury □ Contusion □ Shock □ Contusion □ Shock □ Dislocation(s) □ Sprain/Strain □ Dislocation(s) □ Sprain/Strain □ Head Injury □ Spinal Injury □ Head Injury □ Spinal Injury										
			WIT	TNESSES						
Name: Address: Te Name: Address: Te									Telephone:	
Name:							Telephone:			
Name:							Telephone: Telephone:			
Name:						re	elepnone:			
DESCRIBE WHAT HAPPENED: (Sequence of Events Leading Up to the Incident) (attach additional pages as necessary)										
OTHER ROAT(O) INIVOLVER										
OTHER BOAT(S) INVOLVED Operator's Name Address										
City, State, Zip		Telephone Number Boat Num			niber Boat		Boat Name			
VALIDATION										
Printed Name and Signature:									Date Signed:	
Incident Reported To (DNR Ward	en name	or Other La	w Enfo	rcement Aç	gency))				